



BUILDING PERMIT APPLICATION

APPLICATION # _____ DATE _____

ADDRESS: _____ APN # _____

PROPERTY OWNER

NAME _____ PHONE _____

ADDRESS: _____

CITY/STATE/ZIP _____

RESPONSIBLE PARTY DURING PLAN CHECK

NAME _____ PHONE _____

EMAIL _____ FAX _____

ARCHITECT/ENGINEER/DESIGNER

NAME _____ PHONE _____

EMAIL _____ FAX _____

CONTRACTOR _____ CA LIC. # _____

ADDRESS: _____

CITY/STATE/ZIP _____

EMERGENCY CONTACT (name/phone) _____

PROJECT INFORMATION DESCRIPTION: (Provide Scope of Work)

Check all boxes that apply:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> COMMERCIAL |
| <input type="checkbox"/> NEW STRUCTURE | <input type="checkbox"/> EXISTING |
| <input type="checkbox"/> REMODEL | <input type="checkbox"/> ADDITION |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> PLUMBING |
| <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> SIGNS |

- | |
|--|
| <input type="checkbox"/> FIRE DISTRICT PERMITS |
| <input type="checkbox"/> FIRE PROTECTION |
| <input type="checkbox"/> FIRE SPRINKLERS |
| <input type="checkbox"/> FIRE ALARM |
| <input type="checkbox"/> HOOD & DUCT SYSTEM |
| <input type="checkbox"/> OTHER _____ |

Valuation: \$ _____ Square Footage (new) _____ (exist) _____